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SERIAL NUMBER 10/849,551	FILING OR 371(c) DATE 05/20/2004 RULE	CLASS 435	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 50229-435
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**APPLICANTS**

Jeffrey Moscow, Lexington, KY;  
 Xin Lu, Shanghai, CHINA;  
 Craig Jordan, Rochester, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/471,709 05/20/2003

*Bob*  
*6/11/06*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

none *Bob* *6/11/06*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

07/22/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING 10	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Budget C. Burner</i> <i>Bob</i> Examiner's Signature Initials				

**ADDRESS**

MCDERMOTT, WILL & EMERY  
 600 13th Street, N.W.  
 Washington, DC20005-3096

**TITLE**

Organic cation transporter preferentially expressed in hematopoietic cells and leukemias and uses thereof

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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